

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/786998**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	(B)		/			
7	(B)		/			
8	(B)		/			
9	(L)		/			
10	(B)		/			
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12	(B)		/			
13	/		/			
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TOTAL IND.	5		5			
TOTAL DEP.	15	↔	12	↔		
TOTAL CLAIMS	22	↔	16	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		↔			↔	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**